

Harter, L.M., Bute, J.J. (2014). Fertility. In Thompson, T.L. (Ed.), *Encyclopedia of Health Communication* (vol. I, pp. 500-502). SAGE.

fertilization. Reproductive technologies challenge and transgress limits of the body and medicalize the condition of infertility. Scholars have explored how people communicate about (in)fertility, risk, and reproductive control across the life span and in different contexts.

Dominant social norms about fertility in the United States indicate a cultural preference for delayed sexuality and childbearing. Scholars have argued that the favored time for childbearing is closely connected with Western notions of the ideal life course, generally characterized by a series of predictable events unfolding in a linear fashion. In short, Americans prefer to complete an education, enter a committed relationship, achieve a stable income, and perhaps even get married before they have children. Meanwhile, people who delay childbearing, particularly women, might be criticized for waiting too long to have children. Thus, both early and delayed childbearing are discouraged in certain circumstances.

### **Communication of Normative Expectations**

Normative expectations about fertility are communicated in a variety of ways. People learn norms through communication in informal interpersonal relationships with peers and family members, especially parents. People have also reported learning about such norms from more formal interpersonal relationships, such as those with religious leaders, sexual health educators, or health care providers. In addition, mass-mediated sources frame what is more or less acceptable when it comes to fertility.

People encounter challenges in meeting normative expectations upon receiving conflicting messages. For instance, people have reported authority figures telling them to postpone having children until after marriage. Yet, some people identify with peer groups that encourage early childbearing. Although teen pregnancy is usually considered a deviant behavior, some scholars have suggested that having children in adolescence is an adaptive practice in certain social groups. Some marginalized groups (e.g., urban, economically disadvantaged African American women) might pursue early childbearing to contend with social barriers such as inadequate health care, and might find that having children at a younger age enhances a sense of community, particularly

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## **Fertility**

Individuals face different fertility issues across the life span and their experiences are shaped by demographic, interpersonal, and cultural factors. The 20th and 21st centuries have witnessed the development of an array of technological interventions seeking to control fertility from contraceptives to assisted reproductive technologies using donor ova or sperm and in vitro

in subgroups built on multigenerational family structures. However, even though some groups develop their own norms that differ from those of the dominant culture, they might still suffer the social consequences of violating dominant norms, such as negative judgments and various social sanctions.

Early in the life span, individuals grapple with normative expectations to prevent pregnancy. Unfortunately, some people find that when they are ready to have children, they are not biologically capable of doing so. Infertility is defined as the inability to get pregnant after 12 months of actively trying (or after six months for women 35 years or older) or to carry pregnancies to term. Both men and women can experience fertility problems.

For most people who struggle to have biological children, the inability to conceive a child comes as a shock. Most people presume that they are fertile, and when they discover that they are not able to achieve pregnancy, many individuals experience some level of suffering and grief. These difficulties are amplified for those who have a powerful desire to become parents and who live in a pronatalist culture. Although infertility is not physically debilitating, some scholars have compared the experience of infertility to that of a chronic illness. Coping with infertility can involve managing significant emotional distress, undergoing expensive and invasive medical procedures (for those who can afford them), managing the social stigma associated with infertility and childlessness, and adjusting to disrupted life plans.

Infertility also takes a serious toll on personal relationships. Couples have identified infertility as a major source of stress in their relationships. Coping with infertility often means timing sexual intercourse at precise moments, resulting in a loss of spontaneity and romance in relationships. In addition, couples sometimes have different goals for parenthood. Many scholars have argued that societal expectations make motherhood especially central to the lives of women. These differing desires can be a source of conflict for some couples. For those pursuing treatment, the physical and emotional strain of the treatment process can have negative effects on relationships. However, spouses can also serve as an important source of

social support for one another as they cope with the challenges of infertility.

Women in particular have reported that their struggles to get pregnant result in awkward interactions with friends, relatives, and acquaintances. Women encounter difficult questions in everyday talk about their plans to have children and must make decisions about whether and how to disclose a fertility problem. Disclosure decisions are further complicated if members of a couple disagree about who should know about their infertility. People sometimes struggle with balancing a desire for support from their loved ones with a preference for privacy. Although social support is frequently inadequate or absent, people who find helpful sources of support report higher levels of well-being and better adjustment to the pressures of infertility.

Fertility issues extend beyond the personal realm to the public sphere. In part because of public health campaigns, fertility remains a staple of news reporting and talk shows. At times, contraceptives are positioned as a cure for poverty and population control. In other cases, personal stories of infertile women provide the basis for reporting and shape people's ideas and beliefs about risk and biomedical intervention. Feminists have provided commentary on the general absence of the male body in public discourses in spite of scientific evidence linking infertility to sperm mobility and mortality. Meanwhile, public discourses typically position infertile women as unfulfilled and routinely represent medical treatment as the solution. Little attention points to the relational nature of infertility, the social choices pursued by both heterosexual and homosexual couples to raise children (e.g., adoption), or connections between delayed childbearing and the lack of family-friendly workplaces.

Communication scholarship reveals that fertility issues arise across multiple realms of experience from interpersonal relationships to popular culture. Meaning-making about (in)fertility is shaped by emergent technologies, cultural norms, and demographic factors.

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**See Also:** Childbirth; Lifespan, Communication Across the; Gender; Pregnancy; Women's Health.

### Further Readings

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